

69 6

Atty. Docket: ANDPAT/186/US

NEW PATENT APPLICATION TRANSMITTAL

Mal Stop Patent Application Genmissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

§122(b)(2)(B)(i) is attached:

10/807843 10/807843

Sir:		
Transr		erewith for filing is the ⊠ Utility □ Design patent application of: amed Inventor: Helmuth GABL PROCESS AND DEVICE FOR BEATING PULPS BETWEEN TWO BEATING SURFACES
Enclos	ed are:	15 Sheets Of Specification 03 Drawing Sheets Containing Figures 1-7 ☑ Formal ☐ Informal A Return Receipt Postcard. An Assignment Of The Invention. A Certified Copy Of The Priority Austrian Application No. A 477/2003 Dated March 26, 2003. A Copy Of Inventor's Declaration ☐ signed ☑ unsigned An Application Data Sheet. A Preliminary Amendment. Other:
☐ If c	hecked	, this application is a: Continuation Continuation-in-part Divisional
Applica	ation of	f prior United States Patent Application No.: previously examined by(Examiner) in Group/Art Unit
declara applica	tion is s tion and	n or Divisional Applications: The entire disclosure of the prior application, from which an oath or upplied, is considered a part of the disclosure of the accompanying continuation or divisional is hereby incorporated by reference. The incorporation can only be relied upon when a portion ertently omitted from the submitted application parts.
П	If chec	ked, a REQUEST FOR NONPUBLICATION OF APPLICATION UNDER 35 U.S.C.

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on <u>March 24, 2004</u>, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Dahlia Steele

Express Mail No. EV 188551839 US

Atty. Docket: ANDPAT/186/US The filing fee has been calculated as shown below: not Small Entity ☐ Design Application For ☐ Small entity ☐ Utility Application with fee calculated below: if checked, Applicant(s) is(are) a small entity. Basic fee \$770.00 Total claims in excess of 20 07 \$9 \$ 63.00 Independent claims in excess of 3 00 \$43 \$ 0.00 No. multiple dependent claims presented \$0.00 Total claim fees \$833.00 \boxtimes A check in the amount of \$833.00 to cover the filing fee is enclosed. Please charge my Deposit Account No. 16-2563 in the amount of \$ to cover the filing fee. A duplicate of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional required fees associated with this communication, including filing fees under 37 CFR 1.16, or credit any overpayment to Deposit account No. 16-2563. A Duplicate Copy Of This Sheet Is Enclosed. The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed. Alix, Yale & Ristas, LLP James Ristas 750 Main Street Redistration No. 28.663

Attorney For Applicant

Hartford, Connecticut 06103

Telephone: (860) 527-9211 Facsimile: (860) 527-5029